

---

APPLICATION DATA SHEET FORM

---

**Inventor Information**

Inventor One Given Name:: Dolf  
Family Name:: Zillmann  
Postal Address Line One:: 112 Davis Love Drive  
City:: Fripp Island  
State or Province:: NC  
Country:: USA  
Postal or Zip Code:: 29920  
City of Residence:: Fripp Island  
State or Province of Residence:: NC  
Country of Residence:: USA  
Citizenship Country:: United States of America

Inventor Two Given Name:: Martin  
Family Name:: Zillmann  
Postal Address Line One:: 128 Reservoir Street  
City:: Shrewsbury  
State or Province:: MA  
Country:: USA  
Postal or Zip Code:: 01545  
City of Residence:: Shrewsbury  
State or Province of Residence:: MA  
Country of Residence:: USA  
Citizenship Country:: United States of America

---

**Application Data Sheet Form**

---

**Correspondence Information**

Name Line One::	Michael J. Pomianek, Ph.D.
Name Line Two::	Wolf, Greenfield & Sacks, P.C.
Address Line One:	600 Atlantic Avenue
City::	Boston
State or Province::	MA
Country::	U.S.A.
Postal or Zip Code::	02210
Telephone One::	(617) 720-3500
Telephone Two::	(617) 646-8288
Fax Number:	(617) 720-2441
Electronic Mail::	<a href="mailto:mpomianek@wolfgreenfield.com">mpomianek@wolfgreenfield.com</a>

**Application Information**

Title Line One::	MODULAR FURNITURE
Total Drawing Sheets::	6
Formal Drawings?::	Yes
Claims::	82
Application Type::	Utility
Docket Number::	Z0104.70000US00

**Representative Information**

**Representative Customer Number::** 23628